

SALES DISCLOSURE FORM

State Form 46021 (R11/12-11)

Prescribed by Department of Local Government Finance
Pursuant to IC 6-1.1-5.5

SDF ID

 C06
 2011
 0003433

 County
 Year
 Unique ID

SDF Date: 06/03/2011

PRIVACY NOTICE: The telephone numbers and Social Security numbers of the parties on this form are confidential according to IC 6-1.1-5.5-3(d).

	1. F	Property Number	Check box if applicable to parcel	5. Complete	Address o	f Property		g Address (if different froi rty address)
06-10-2 5-09370	25-000-023 -56	3.035-002	2. Split 3. Land 4. Improvement	2105 YOSEMITE DR LEBANON, IN 46052			2105 YOSEMITE DR LEBANON, IN 46052	iy addiess)
Legal D	escriptior	of Parcel A: PARK F	PLACE SEC 2 LOT 56 574/576-0	9370-56			1	
Legal D	escription	n of Parcel B:	2. Split 3. Land 4. Improvement					
. CON	IDITIO	NS - IDENTIFY ALL TH	HAT APPLY			TA - DISCL MS 1-15	OSE VALUE OF ITE	MS LISTED IN
If cond	ition 1 ap	plies, filer is subject to disclosu	re and a disclosure filing fee.	1. Co	nveyano	ce date (MM	(VDD/YYYY): 06/03/2011	
YES		consideration. 2. Buyer is an adjacer 3. Vacant land. 4. Exchange for other 5. Seller paid points. 6. Change planned in (Describe in special circumstar 7. Existence of family buyer and seller. 8. Land contact. Contra and contract date 9. Personal property in (Provide the value Table C It 10. Physical changes to and date of sale. (December 2)	real property ("Trade"). (Provide the value Table C Item 12.) the primary use of the process in Table 3 Item 3.) or business relationship be react term (YY): 0 (MM/DD/YYYY): 0 chcluded in transfer. em 5.) o property between March Describe in special circumstances in Table describe in special circumstances in Table describe in special circumstances in Table	a 3. De ind information inform	escribe a cluding the erest and which was a second with the erest and which will be a second with the erest and wh	CONDITIC 4. Famil buyer Amou	or special circumstances ion of any less-than-com eller financing.	plete ownership p existing between 0.00
	✓	12. Easements or right-	of-way grants.					
f cond		-	osure and a disclosure filing fee	-			sonal property:	\$0.00
VE2	NO	13 Document for com	oulsory transactions as a i		lles price			\$0.00
		of foreclosure or ex	spress threat of foreclosur r, judgment, condemnation	e,	NO		seller financing sale? If yions (8-13).	/es, answer
YES		probate.	r, judgment, condemnation					
	✓	probate. 14. Documents involvir	ng the partition of land bet	by	✓ ✓	9. Is this	rer/borrower personally li	
YES		probate. 14. Documents involving tenants in common the entirety.	ng the partition of land bet	10. Ar on, or 11. In		9. Is this loan: e:		\$0.00 \$0.000 \$0.000

INDIANA SALES DISCLOSURE FORM SDF ID: C06-2011-0003433 Page 2 D. PREPARER KRISHA GREENE CLOSER Title Preparer of the Sales Disclosure Form 107 E MAIN ST MERIDIAN TITLE Address (Number and Street) Company LEBANON, IN 46052 City, State, and ZIP Code Telephone Number F-mail E. SELLER(S)/GRANTOR(S) JAMI R FRENCH JAMES V FRENCH Seller 1 - Name as appears on conveyance document Seller 2 - Name as appears on conveyance document 917 CLAIBORNE 917 CLAIBORNE Address (Number and Street) Address (Number and Street) LEBANON, IN 46052 LEBANON, IN 46052 City. State, and ZIP Code City, State, and ZIP Code E-mail Telephone Number E-mail Telephone Number Under penalties of perjury, I hereby certify that this Sales Disclosure, to the best of my knowledge and belief, is true, correct and complete as required by law, and is prepared in accordance with IC 6-1.1-5.5, "Real Property Sales Disclosure Act". Signature of Seller Signature of Seller 10/21/2011 10/21/2011 Printed Name of Seller Sign Date (MM/DD/YYYY) Printed Name of Seller Sign Date (MM/DD/YYYY) F. BUYER(S)/GRANTEE(S) - APPLICATION FOR PROPERTY TAX DEDUCTIONS - IDENTIFY ALL ITEMS THAT APPLY NICOLE A SCONCE PATRICK D SCONCE Buyer 1 - Name as appears on conveyance document Buyer 2 - Name as appears on conveyance document 7125 N REBECCA CT 7125 N REBECCA CT Address (Number and Street) Address (Number and Street) TERRE HAUTE, IN 47805 TERRE HAUTE, IN 47805 City, State, and ZIP Code City. State, and ZIP Code Telephone Number F-mail Telephone Number F-mail THE SALES DISCLOSURE FORM MAY BE USED TO APPLY FOR CERTAIN DEDUCTIONS FOR THIS PROPERTY. IDENTIFY ALL THOSE THAT APPLY. CONDITION CONDITION YES NO YES NO ◂ Will this property be the buyer's primary ◂ 3. Homestead residence? Provide complete address of primary **4** 4. Solar Energy Heating/Cooling System residence, including county: 5. Wind Power Device 6. Hydroelectric Power Device Address (Number and Street) 7. Geothermal Energy Heating/Cooling Device Is this property a residential rental property? City, State, and ZIP Code County Would you like to receive tax statements for this **1** Does the buyer have a homestead in Indiana to property via e-mail? be vacated for this residence? If yes, provide (Provide contact information below. Please see complete address of residence being vacated, instructions for more information. Not available in all including county: counties.) Address (Number and Street) Primary property owner contact name E-mail City, State, and ZIP Code County Under penalties of perjury, I hereby certify that this Sales Disclosure, to the best of my knowledge and belief, is true, correct and complete as required by law, and is prepared in accordance with IC 6-1.1-5.5, "Real Property Sales Disclosure Act". (Note: Spouse information, Social Security and Driver's License/Other numbers are not necessary if no Homestead Deduction is being filed.) Signature of Buyer 1 Signature of Buyer 2/Spouse 11/04/2011 11/04/2011

Printed Legal Name of Buyer 1

Last 5 digits of Buyer 1 Driver's License/ID/Other Number

Printed Legal Name of Buyer 2/Spouse

Last 5 digits of Buyer 2/Spouse Driver's License/ID/Other Number

Sign Date (MM/DD/YYYY)

State Last 5 Digits of Social Security Number

Sign Date (MM/DD/YYYY)

State Last 5 Digits of Social Security Number

INDIANA SALES DISCLOSURE FORM

SDF ID: C06-2011-0003433

Page 3

1. Property A.) B.)	2. AV Land	3. AV Improvement	s 1 through 14 and stam 4. Value of Personal			•			
			Property	5. AV Total	6. Property Class Code	7. Neighbor Code	hood	8. Tax District	9. Acreage
B.)	\$25,300	\$115,300		\$140,600	510		15555	015	0.220
,	Assessor Sta	mp	10. Identify physica 1 and date of sale.	I changes to prop	erty between Mar	13. D	NO Cate of 06/03/2 Pate for 11/09/2	m received (M	ee required?
Items 15 thre	ough 18 are to be	completed by the a	assessor when validat	ing this sale:					
15. If app	olicable, identify	any additional spe	cial circumstances re	elating to validatio	n of sale.	YES	NO □ ✓	CONDITION 16. Sale valid for 17. Validation of and by:	J
PART 3 -	COUNTY AUD	OITOR							
	Auditor Stan	np	1. Disclosure fee a 2. Other Local Fee 3. Total Fee Collect 4. Auditor receipt b 5. Date of transfer	ted:	\$0	.00 YES .000 .000	NO V	6. Is form composite to the sales for the sa	ee required?
	— — — — RECEIPT FOF	R STATEMENT	OF DEDUCTION (VALUATION				
SDF ID			SDF Date (MM/DD/YY	YY) E	Buyer 1 - Name as appe	ars on conveya	nce doc	ument	
Parcel N	lumber I that apply:	☐ Solar Energy	y 🔲 Wind Pow		Address of Property (Nul		et)		
☐ Hon	roelectric	☐ Geothermal	Rental Pro	nerty					



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Pursuant to IC 6-1.1-5.5

SDF ID

 C06
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 County
 Year
 Unique ID

SDF Date: 10/21/2011

PRIVACY NOTICE: The telephone numbers and Social Security numbers of the parties on this form are confidential according to IC 6-1.1-5.5-3(d).

	1. P	ropert	y Number	Check box if applicable to parcel	5. Cd	omplete Ad	dress of	Proper		ng Address (if different from erty address)
5-09370-				2. Split ✓ 3. Land ✓ 4. Improvement	2105 YOSEMIT LEBANON, IN				2105 YOSEMITE DR LEBANON, IN 46052	,
	escription	of Pai	rcel A: PARK PL	ACE SEC 2 LOT 56 574/576-0	09370-56					
Legal De	escription	of Pai	rcel B:	2. Split 3. Land 4. Improvement						
			IDENTIFY ALL TH	AT APPLY		SALE			DISCLOSE VALUE OF ITE	EMS LISTED IN
If condi	tion 1 apı	olies, f	iler is subject to disclosure	and a disclosure filing fee.			veyanc			
YES	NO ✓		NDITION A transfer of real pro	perty interest for valuable	e	2. Tota	l numb	er of p	parcels:	
		3. 4. 5. 6. 7. 8. 9.	Seller paid points. Change planned in the (Describe in special circumstance) Existence of family of buyer and seller. Land contact. Contract and contract date Personal property in (Provide the value Table C Iter. Physical changes to and date of sale. (Description)	peal property ("Trade"). Provide the value Table C Item 12.) The primary use of the property is in Table 3 Item 3.) The business relationship but term (YY): 0 MM/DD/YYYY): 0 Cluded in transfer. The property between March scribe in special circumstances in Table cribe	perty? petween 1 1 le C Item 3.)	YES	NO ✓	cor 4.	usual or special circumstance: cification of any less-than-cors of seller financing. NDITION Family or business relations buyer and seller? Amount of discount:	nplete ownership nip existing between 0.00
If condi	tions 13-1	5 app	lv. filer is subject to disclos	ure and a disclosure filing fee	e. :	5. Estir	nated v	alue o	of personal property:	\$0.00
YES	NO		NDITION	3	-	6. Sale				\$0.00
	✓	13	of foreclosure or exp	ulsory transactions as a ress threat of foreclosur judgment, condemnatio	e,	YES	NO 🗹	7.	NDITION Is the seller financing sale? If questions (8-13).	yes, answer
	✓	14		the partition of land bet joint tenants, or tenants	by		✓ ✓ unt of I	9.	Is buyer/borrower personally Is this a mortgage loan?	liable for loan?
		15	. Transfer to a charitv	, not-for-profit organization		11. Inter				0.0000
	✓	13	government.			12. Amo	unt in p	oints:	:	\$0.00

INDIANA SALES DISCLOSURE FORM SDF ID: C06-2011-0003434 Page 2 D. PREPARER KRISHA GREENE CLOSER Title Preparer of the Sales Disclosure Form 107 E MAIN ST MERIDIAN TITLE Address (Number and Street) Company LEBANON, IN 46052 City, State, and ZIP Code Telephone Number F-mail E. SELLER(S)/GRANTOR(S) JAMI R FRENCH JAMES V FRENCH Seller 1 - Name as appears on conveyance document Seller 2 - Name as appears on conveyance document 917 CLAIBORNE 917 CLAIBORNE Address (Number and Street) Address (Number and Street) LEBANON, IN 46052 LEBANON, IN 46052 City. State, and ZIP Code City, State, and ZIP Code E-mail Telephone Number E-mail Telephone Number Under penalties of perjury, I hereby certify that this Sales Disclosure, to the best of my knowledge and belief, is true, correct and complete as required by law, and is prepared in accordance with IC 6-1.1-5.5, "Real Property Sales Disclosure Act". Signature of Seller Signature of Seller 10/21/2011 10/21/2011 Printed Name of Seller Sign Date (MM/DD/YYYY) Printed Name of Seller Sign Date (MM/DD/YYYY) F. BUYER(S)/GRANTEE(S) - APPLICATION FOR PROPERTY TAX DEDUCTIONS - IDENTIFY ALL ITEMS THAT APPLY NICOLE A SCONCE PATRICK SCONCE Buyer 1 - Name as appears on conveyance document Buyer 2 - Name as appears on conveyance document 7125 N REBECCA 7125 N REBECCA CT Address (Number and Street) Address (Number and Street) TERRE HAUTE, IN 47805 TERRE HAUTE, IN 47805 City, State, and ZIP Code City. State, and ZIP Code Telephone Number F-mail Telephone Number F-mail THE SALES DISCLOSURE FORM MAY BE USED TO APPLY FOR CERTAIN DEDUCTIONS FOR THIS PROPERTY. IDENTIFY ALL THOSE THAT APPLY. CONDITION CONDITION YES NO YES NO ◂ Will this property be the buyer's primary ◂ 3. Homestead residence? Provide complete address of primary **4** 4. Solar Energy Heating/Cooling System residence, including county: 5. Wind Power Device 6. Hydroelectric Power Device Address (Number and Street) 7. Geothermal Energy Heating/Cooling Device Is this property a residential rental property? City, State, and ZIP Code County Would you like to receive tax statements for this **1** Does the buyer have a homestead in Indiana to property via e-mail? be vacated for this residence? If yes, provide (Provide contact information below. Please see complete address of residence being vacated, instructions for more information. Not available in all including county: counties.) Address (Number and Street) Primary property owner contact name E-mail City, State, and ZIP Code County Under penalties of perjury, I hereby certify that this Sales Disclosure, to the best of my knowledge and belief, is true, correct and complete as required by law, and is prepared in accordance with IC 6-1.1-5.5, "Real Property Sales Disclosure Act". (Note: Spouse information, Social Security and Driver's License/Other numbers are not necessary if no Homestead Deduction is being filed.) Signature of Buyer 1 Signature of Buyer 2/Spouse 11/04/2011 11/04/2011

Printed Legal Name of Buyer 1

Last 5 digits of Buyer 1 Driver's License/ID/Other Number

Printed Legal Name of Buyer 2/Spouse

Last 5 digits of Buyer 2/Spouse Driver's License/ID/Other Number

Sign Date (MM/DD/YYYY)

State Last 5 Digits of Social Security Number

Sign Date (MM/DD/YYYY)

State Last 5 Digits of Social Security Number

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SDF ID: C06-2011-0003434

Page 3

	assessor must verif									
1. Property	2. AV Land	3. AV Improvement	4. Value of Personal Property	5. AV Total	6. Property Class Code	7. Neig	ghborhoo Code	d	8. Tax District	9. Acreage
4.)	\$25,300	\$115,300		\$140,600	510		15	555	015	0.22
B.)										
			10. Identify physica 1 and date of sale.	I changes to prop	erty between Marc	ch	✓		11. Is form compl	
,	Assessor Sta	mp				1	3. Date 10/2 4. Date	of s 21/20	n received (MA	
tems 15 thr	ough 18 are to be	completed by the a	assessor when validati	ing this sale:						
15. If app	plicable, identify	any additional spe	cial circumstances re	elating to validatio	n of sale.				16. Sale valid for 17. Validation of states	•
PART 3 -	COUNTY AUE	DITOR								
PART 3 -	COUNTY AUE Auditor Stan		1. Disclosure fee a 2. Other Local Fee 3. Total Fee Collec 4. Auditor receipt b 5. Date of transfer	ted:	\$5	.00 .00 .00 .00	✓	✓	CONDITION 6. Is form compl 7. State sales fe 8. Attachments	e required?
	Auditor Stan	np	2. Other Local Fee. 3. Total Fee Collect 4. Auditor receipt b 5. Date of transfer	ted: ook number: (MM/DD/YYYY):	\$5 \$5 389 11/09/20	.00 .00 .00 .00	✓		6. Is form compl7. State sales fe	e required?
	Auditor Stan	np	 Other Local Fee Total Fee Collect Auditor receipt b 	ted: ook number: (MM/DD/YYYY): DF ASSESSED	\$5 \$5 389 11/09/20	.00			6. Is form compl 7. State sales fe 8. Attachments	e required?
 PART 4 -	Auditor Stan	np	2. Other Local Fee 3. Total Fee Collect 4. Auditor receipt b 5. Date of transfer OF DEDUCTION C	ted: Ook number: (MM/DD/YYYY): DF ASSESSED YY) E	\$5 \$5 388 11/09/20 VALUATION Suyer 1 - Name as appea	.00 .00 .00 .078 .111	nveyance		6. Is form compl 7. State sales fe 8. Attachments	e required?
PART 4 - SDF ID Parcel N	Auditor Stan	np	2. Other Local Fee 3. Total Fee Collect 4. Auditor receipt b 5. Date of transfer OF DEDUCTION C	ted: Ook number: (MM/DD/YYYY): DF ASSESSED YY) E	\$5 \$5 389 11/09/20 —————— VALUATION	.00 .00 .00 .078 .111	nveyance		6. Is form compl 7. State sales fe 8. Attachments	e required?
PART 4 - SDF ID Parcel N Check al	Auditor Stan	np	2. Other Local Fee 3. Total Fee Collect 4. Auditor receipt b 5. Date of transfer OF DEDUCTION C SDF Date (MM/DD/YY)	ted: cook number: (MM/DD/YYYY): DF ASSESSED YY) er c	\$5 \$5 388 11/09/20 VALUATION Suyer 1 - Name as appea	.00 .00 .00 .00 .078 .111 	nveyance Street)		6. Is form compl 7. State sales fe 8. Attachments	e required?



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State Form 46021 (R11/12-11)

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SDF ID

 C06
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 0003304

 County
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 Unique ID

SDF Date: 11/04/2011

PRIVACY NOTICE: The telephone numbers and Social Security numbers of the parties on this form are confidential according to IC 6-1.1-5.5-3(d).

	1. F	Property Number	Check box if applicable to parcel	5. Complete	Address of	Property		g Address (if different from rty address)
) 06-10-2 5-09370	25-000-023 -56	3.035-002	2. Split 3. Land 4. Improvement	2105 YOSEMITE DR LEBANON, IN 46052			2105 YOSEMITE DR LEBANON, IN 46052	iy addiess)
Legal D	escription	of Parcel A: PARK	PLACE SEC 2 LOT 56 574/576-0	09370-56				
Legal D	escription	n of Parcel B:	2. Split 3. Land 4. Improvement					
. CON	NDITIO	NS - IDENTIFY ALL TI	HAT APPLY		ES DAT B, ITEN		OSE VALUE OF ITE	MS LISTED IN
If cond	lition 1 app	plies, filer is subject to disclosu	ure and a disclosure filing fee.		•	e date (MM/E		
Y		consideration. 2. Buyer is an adjacer 3. Vacant land. 4. Exchange for other 5. Seller paid points. 6. Change planned in (Describe in special circumsta.) 7. Existence of family buyer and seller. 8. Land contact. Contand contract date 9. Personal property in (Provide the value Table C I) 10. Physical changes the and date of sale.	real property ("Trade"). (Provide the value Table C Item 12.) the primary use of the process in Table 3 Item 3.) or business relationship be tract term (YY): 0 (MM/DD/YYYY): 0 ncluded in transfer. Item 5.) o property between March Describe in special circumstances in Table Describe in special circumstances in Table	e 3. De inc int operty? oetween YES 1 1 le C Item 3.) le C Item 3.)	escribe are cluding the erest and	condition 4. Family buyer and Amour	special circumstances in of any less-than-com ler financing.	p existing between
If cond	litions 12-	15 apply filer is subject to disc	losure and a disclosure filing fee	s. 5. Es	timated v	alue of perso	onal property:	\$0.00
YES	NO	CONDITION	and a disclosure ming lee		les price:		proporty.	\$90,000.00
	✓	13. Document for com	pulsory transactions as a	result YES		CONDITION		,
			xpress threat of foreclosurer, judgment, condemnation	e,	✓	7. Is the s	seller financing sale? If yons (8-13).	/es, answer
	_		ng the partition of land bet		✓	9. Is this a	er/borrower personally li a mortgage loan?	
	✓	the entirety.		10 An	nount of I	nan [.]		
	⊻	the entirety.	ty, not-for-profit organization	on, or	nount of le erest rate nount in p) :		\$0.00 0.0000 \$0.00

INDIANA SALES DISCLOSURE FORM SDF ID: C06-2011-0003304 Page 2 D. PREPARER KRISHA GREENE CLOSER Title Preparer of the Sales Disclosure Form 107 E MAIN ST MERIDIAN TITLE CORPORATION Address (Number and Street) LEBANON@MERIDIANTITLE.C LEBANON, IN 46052 F-mail City, State, and ZIP Code Telephone Number E. SELLER(S)/GRANTOR(S) NICOLE A SCONCE PATRICK D SCONCE Seller 1 - Name as appears on conveyance document Seller 2 - Name as appears on conveyance document 7125 N REBECCA CT 7125 N REBECCA Address (Number and Street) Address (Number and Street) TERRE HAUTE, IN 47805 TERRE HAUTE, IN 47805 City. State, and ZIP Code City, State, and ZIP Code E-mail Telephone Number E-mail Telephone Number Under penalties of perjury, I hereby certify that this Sales Disclosure, to the best of my knowledge and belief, is true, correct and complete as required by law, and is prepared in accordance with IC 6-1.1-5.5, "Real Property Sales Disclosure Act". Signature of Seller Signature of Seller 11/04/2011 11/04/2011 Printed Name of Seller Sign Date (MM/DD/YYYY) Printed Name of Seller Sign Date (MM/DD/YYYY) F. BUYER(S)/GRANTEE(S) - APPLICATION FOR PROPERTY TAX DEDUCTIONS - IDENTIFY ALL ITEMS THAT APPLY CANDEE M ESRA Buyer 1 - Name as appears on conveyance document Buyer 2 - Name as appears on conveyance document 2105 YOSEMITE DR Address (Number and Street) Address (Number and Street) LEBANON, IN 46052 City, State, and ZIP Code City, State, and ZIP Code Telephone Number F-mail Telephone Number F-mail THE SALES DISCLOSURE FORM MAY BE USED TO APPLY FOR CERTAIN DEDUCTIONS FOR THIS PROPERTY. IDENTIFY ALL THOSE THAT APPLY. CONDITION CONDITION YES NO YES NO ◂ Will this property be the buyer's primary **1** 3. Homestead residence? Provide complete address of primary **4** 4. Solar Energy Heating/Cooling System residence, including county: 5. Wind Power Device 6. Hydroelectric Power Device Address (Number and Street) 7. Geothermal Energy Heating/Cooling Device Is this property a residential rental property? City, State, and ZIP Code County Would you like to receive tax statements for this **1** Does the buyer have a homestead in Indiana to property via e-mail? be vacated for this residence? If yes, provide (Provide contact information below. Please see complete address of residence being vacated, instructions for more information. Not available in all including county: counties.) Address (Number and Street) Primary property owner contact name City, State, and ZIP Code E-mail County Under penalties of perjury, I hereby certify that this Sales Disclosure, to the best of my knowledge and belief, is true, correct and complete as required by law, and is prepared in accordance with IC 6-1.1-5.5, "Real Property Sales Disclosure Act". (Note: Spouse information, Social Security and Driver's License/Other numbers are not necessary if no Homestead Deduction is being filed.)

Signature of Buyer 1

11/04/2011

Printed Legal Name of Buyer 1

Sign Date (MM/DD/YYYY)

Last 5 digits of Buyer 1 Driver's
License/ID/Other Number

Signature of Buyer 2/Spouse

Printed Legal Name of Buyer 2/Spouse Sign Date (MM/DD/YYYY)

Last 5 digits of Buyer 2/Spouse Driver's State Last 5 Dig License/ID/Other Number INDIANA SALES DISCLOSURE FORM

SDF ID: C06-2011-0003304

Page 3

1. Property	ssessor must verif	3. AV Improvement	4. Value of Personal	5. AV Total	6. Property Class		eighborh		8. Tax District	9. Acreage
		,	Property		Code	7.740	Code			
l.)	\$25,300	\$115,300		\$140,600	510			15555	015	0.22
3.)										
,	Assessor Sta	mp	10. Identify physica 1 and date of sale.	ll changes to prop	erty between Mard	ch		NO ate of s		ee required?
							14. Da		m received (M	M/DD/YYYY):
tems 15 thre	ough 18 are to be	completed by the a	assessor when validat	ing this sale:			YES		CONDITION	
								✓ □ alidate	16. Sale valid for 17. Validation of d by: JSL	-
PART 3 -	COUNTY AUE	DITOR								
PART 3 -	COUNTY AUE Auditor Stan		1. Disclosure fee a 2. Other Local Fee 3. Total Fee Collec 4. Auditor receipt b 5. Date of transfer	:	\$0	0.00	YES	NO S	CONDITION 6. Is form comp 7. State sales fi 8. Attachments	ee required?
 PART 4 -	Auditor Stan	np 	 Other Local Fee Total Fee Collect Auditor receipt b 	cted: cook number: (MMDD/YYYY): DF ASSESSED	\$0 \$0 11/09/20 ————— VALUATION	011			Is form comp State sales fi Attachments	ee required?
	Auditor Stan	np 	2. Other Local Fee 3. Total Fee Collect 4. Auditor receipt b 5. Date of transfer OF DEDUCTION (cted: cook number: (MMDD/YYYY): DF ASSESSED	11/09/20	011			Is form comp State sales fi Attachments	ee required?
PART 4 - SDF ID Parcel N Check al	Auditor Stan	np — — — — — R STATEMENT	2. Other Local Fee 3. Total Fee Collect 4. Auditor receipt b 5. Date of transfer OF DEDUCTION (SDF Date (MM/DD/YY)	cted: cook number: (MM/DD/YYYY): DF ASSESSED YYY) A	\$0 \$0 11/09/20 ————— VALUATION	0.00 0.00 0.11 0.01	conveyar	✓ ✓	Is form comp State sales fi Attachments	ee required?
PART 4 - SDF ID Parcel N Check al	Auditor Stan	np 	2. Other Local Fee 3. Total Fee Collect 4. Auditor receipt b 5. Date of transfer OF DEDUCTION (SDF Date (MM/DD/YY)	ted: cook number: (MM/DD/YYYY): DF ASSESSED YYY) er	\$0 \$0 \$0 \$0 \$11/09/20 VALUATION Suyer 1 - Name as appear		conveyand Street	✓ ✓	Is form comp State sales fi Attachments	ee required?